

Sexuality in LTC: The Final Frontier

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Overview

- Review aging and sexuality
- Discuss Sexual behavior in dementia
- Examine standards for deciding whether older adults in LTC can participate in intimate relationships
- Open discussion

A Famous Professor Is Asked to Speak About “Sex”

He gets up, walks to the
podium, shuffles his papers
and begins

Sexuality and Society: How we View Ourselves and our Elders



- Arousal
- Lust not Relationships
- Hard Bodies in Motion
- Confusing Orgasm Prime with Sexual Prime

Sexual Images of Seniors

- Focus on Affection, Relationship
- Sexuality as part of intimate communication



Attitudes About Relationships and Sexuality in Later Life

AARP Mail Survey— 1300+ responses: Ages 45+

- ❖ Majority of men and women report that sex is important to them
- ❖ Nine out of ten respondents emphasize relationship quality with partner above sex in importance
- ❖ Majority of those over 75 rate spouse as physically attractive

The NEW ENGLAND JOURNAL *of* MEDICINE

ORIGINAL ARTICLE

A Study of Sexuality and Health among Older Adults in the United States

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ABSTRACT

Study characteristics

- 3005 adults 57-85 years old
- 1550 women, 1455 men

Study findings

- Women less likely at all ages to report sexual activity
- Low desire 43%
- Difficulty with vaginal lubrication 39%
- Inability to climax 34%

Study findings cont.

- Men reported erectile dysfunction 37%
- 14% sample reported using medications or supplements
- 38% men, 22% women discussed sex with Physician after age 50
- Those who rated health as poor less likely to be sexually active

The Partner Gap

- Ages 45-59: 80% of both men and women report having a partner available for sex
- 58% of men, 21% of women over age 75 have partner available for sex
- Age 75 78% men, 40% women married

Male Partner Factor

Decline in sex is often controlled by male partner

- ✓ Widowhood for women
- ✓ Male's health conditions
- ✓ Changes in woman's health and even death of wives did not change man's sexual patterns

Health Conditions That Interfere with Sexual Functioning

- Arthritis
- Chronic Pain
- Diabetes
- Heart Disease
- Incontinence
- Stroke
- Dementia
- Surgery
- Medications
- Alcohol Abuse
- Depression
- Changes with Normal Aging



33% of American males
have difficulty achieving
an erection based on
32,000 men ages 53-90
(Reuters 2003)

Viagra: Revealing the
Great Demand for
Treatment

www.impotence.org

This website offers a free medical discussion service where the consumer can obtain accurate, unbiased information in a confidential, understanding and thoughtful manner. We try to provide a way of making life better for couples with ED. Click here to Ask Our Expert.

Sexual Function: Can We Talk About it?

Majority of older adults were concerned that their physician would :

- Dismiss their sexual problems as psychosomatic
- Be uncomfortable discussing sexual problems
- Not provide any treatment for sexual dysfunction

Zeiss Model for Discussion of Sex

- Clients prefer health care providers to raise the issue of sexual function
- May seem counterintuitive— fears of intrusiveness and insensitivity

Ref: Zeiss, A. (1999) Assessment of Sexual Function in Older Adults in PA Lichtenberg Handbook of Assessment in Clinical Gerontology: John Wiley & Sons inc.

Examples of Specific Questions for Couples

- What changes in physical intimacy have you experienced as you've grown older?
- What health problems have affected your ability to be physically intimate?

Examples of Specific Questions for Single Seniors

- What are your wishes regarding having an intimate relationship in your life at this time?
- What do you experience in regard to desire for sexual activity or sexual satisfaction?
- What are some of the ways you are able to express your sexual interests or sexual satisfaction?

General Areas of Sexual Expression to Probe

- Desire Phase
- Excitement Phase— most likely area of problem
- Orgasm Phase
- Impacts of disorder on other aspects of affection (hugging, kissing)

Sexuality and Dementia: LTC

- Resident views:
- 10% participated in intercourse
- 10% masturbated
- 17% interested in being sexually active

Sexuality and dementia

- Staff views: 83 staff interviewed about problematic sexual activity
- Reported high levels of sexual talk, acts
- Public masturbation was most bothersome event
- Only 12% allowed private masturbation

Brain dysfunction and sexuality

- Frontal lobe damage

Often reduces initiation, creates more apathy

Can produce disinhibition

Culture of LTC setting

- LTC facilities vary widely in their attitudes and behaviors about sexuality
- Permissive v Restrictive

What to Do?

Pro-sexuality:

Autonomy

Human need

Health

Anti Sexuality

- Prevent exploitation
- STDs
- Lifetime values

2006 Movie: *Away From Her*

- Married woman in LTC with dementia has relationship with another man

Husband accepts
this



Moving beyond Spousal Decision

- Who has rights to decision making
- Pros and cons of standards that exist

Intimacy considered: Profound human need

- Sexual intercourse
- Touching
- Fondling
- Hugging
- Kissing
- Stroking

Challenges to sexuality in LTC

- Residents lack legal capacity
- Residents have limited ability to communicate feelings and concerns
- Consent failure can lead to legal charges

Balancing Act: How does a LTC facility decide?

- Lichtenberg and Strzepek (1990; Lichtenberg 1997)

When we created a co-ed Alzheimer's unit these issues came to light

Assessing capacity to enter into intimate relationships

- MMSE (13-14) or higher
- Structured interview given by person of same sex
- 1. awareness of relationship

Know who partner is?

Know partner is not spouse?

Aware of who is initiating sexual contact

State level of intimacy comfortable with

Assessment Cont.

- 2. Ability to Avoid exploitation

Knows about relationship

Knows what one wants from relationship

Has ability to set limits if wants to/say no

Assessment Cont.

- 3. Resident Awareness of Potential Risks

That relationship may be time-limited?

How might react when relationship ends?

(This portion not necessary to have capacity, but may be important clinically: frequent reminders)

Family Roles

Resident Has Capacity

- Educate about resident's sexual interests
- Family members' view on sexuality explored
- Assessment process and results reviewed

Resident lacks capacity

- Educate about resident's sexual interests
- Family member's view on sexuality explored
- Substitute judgment sought

STAFF BEST PRACTICES

- Are respectful of each resident
- Help residents by providing them privacy
- Knock on residents' door and do not enter their room without permission
- Provide "Do Not Disturb" signs
- Maintain confidentiality about residents' sexual expressions
- Communicate with families to help resident meet his/her needs
- Don't minimize/ignore residents' sexual needs
- Do not impose their moral values on residents'
- Remain non-judgmental when dealing with resident sexual needs
- Direct inappropriate sexual expressions without compromising resident dignity
- Maintain resident autonomy

Summary

- Intimacy a basic need in us all
- Sexuality needs exist in LTC
- Approach has to be reasoned/balancing autonomy needs with freedom from exploitation rights